



The Centre on Philanthropy
Registered Charity #335

2017/18 MEMBERSHIP APPLICATION

NON-PROFIT

MEMBERSHIP VALID JULY 1, 2017 THROUGH JUNE 30, 2018

New Applicant Renewal

Organisation Details

Organisation Name: _____

Executive Director Contact

Name: _____ Title: Mr Mrs Ms Miss

Email: _____ Telephone #: _____ W _____ C

Administrative Coordinator Contact (for membership communication's purposes if different from above):

Name: _____ Title: Mr Mrs Ms Miss

Email: _____ Telephone #: _____ W _____ C

Organisation Contact Details

Mailing Address: _____

Parish: _____ Postal Code: _____

Street Address: _____

Parish: _____ Postal Code: _____

Main Telephone #: _____ Main Fax #: _____

Website: _____

Please tell us a little about your organization. This data will help us to develop better services for our members.

of Full Time Paid Staff _____ # of Part Time Staff _____ # of Board Members _____

of Volunteers (non Board Members) _____

Please select a range that reflects your organisation's total annual expense budget:

Less than \$5,000 \$5,000 — \$25,000 \$25,000 — \$250,000 \$250,000 — \$500,000

\$500,000 — \$1m \$1m or greater

Please indicate the legal structure of your organization:

Unincorporated Charitable Trust Company Limited by Guarantee Incorporation by Private Act

Please indicate the topics you wish to hear about:

Membership Benefits Centre Updates Training & Workshops Charity Events

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NON-PROFIT

Is your Non-profit Directory profile on The Centre on Philanthropy's website? Is it up to date? If not, donors cannot properly research your organisation. If you need assistance verifying your username, updating or creating your profile, contact us!

NON-PROFIT MEMBERSHIP FEES

Select your membership fee based on your Annual Expense Budget:

- Annual Expense Budget up to \$250,000 **\$125**
- Annual Expense Budget more than \$250,000 **\$250**

Please select your annual commitment: 1 year 2 years 3 years

Payment

Cheque

Direct Deposit

Butterfield Bank Account 20006 060 939851 100

Please include Organization Name and "MEM17" in the beneficiary note

Credit Card

Card Type: MasterCard Visa

Name on Card: _____

Card Number: _____ Expiry Date: _____

Agreement **Membership valid through June 30, 2018**

Authorized by (Print Name): _____ Title: _____

Signature: _____ Date: _____

All members and sponsors are listed in The Centre on Philanthropy Annual Report and on The Centre on Philanthropy's website.

How would you like to be listed: _____

Tick here if you wish to remain anonymous

Please return application to:

The Centre on Philanthropy, P.O. Box HM 3217, Hamilton HM NX, Bermuda

Fax: 441-236-7693 | E-mail : info@centreonphilanthropy.org

We appreciate your support of The Centre on Philanthropy.

Please email info@centreonphilanthropy.org or call (441)236-7706 with any questions or visit
www.centreonphilanthropy.org

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